COUNTY BOROUGH OF ST. HELENS

Annual Report

OF THE

School Medical Officer

FOR

1924.

FRANK CALDWELL, M.B., CH.B., D.P.H.
Medical Officer of Health
and School Medical Officer.

St. Helens:
Wm. Wilkinson & Co., Ltd., Printers and Publishers
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Hardshaw Street.

1925.

STATISTICAL REVIEW OF WORK OF THE SCHOOL MEDICAL SERVICE DURING YEAR 1924.

Children in Average Attendance at Elementary Schools	17940
Elementary School Children examined	10949
Children examined at Secondary Schools	747
Miscellaneous Examinations (Bursars, &c.)	135
Children at Elementary Schools having defects which required treatment or to be kept under observation	8350
Children at Secondary Schools having defects which required treatment or to be kept under observation	379
Minor Ailments treated at School Clinic	1867
Visual Defects treated	317
Throat and Nose Defects treated	110
Children inspected by School Dentist	12511
Children treated by School Dentist	3404
Total Attendances at School Clinic	29244
Children examined by Nurses for Cleanliness	37005
Visits to Schools by Medical Officers	266
Visits to Schools by Nurses	4703
Home Visits by Nurses	12392
Total Attendances at Inspection Clinic	4140

TO THE CHAIRMAN AND MEMBERS OF
THE ST. HELENS EDUCATION COMMITTEE.

Ladies and Gentlemen,

I beg to submit my Annual Report as School Medical Officer for the year 1924.

A statistical summary of the work performed during the year is given on the preceding page.

At the routine medical inspections 46·5% of the children attending Elementary Schools and 46·8% of those attending Secondary Schools were found to be suffering from defects which either required treatment or required to be kept under observation. Of the defects requiring treatment, 61·7% in Elementary school children and 78·3% in Secondary School children were treated before the end of the year.

Of all medical (as distinct from dental) defects referred for treatment during 1924, 91·0% of these in children in Elementary Schools and 69·8% of these in Secondary Schools were treated during the year. The corresponding percentages of dental defects treated were 43·3% in Elementary and 81·3% in Secondary Schools.

The new schemes for extension and improvement of medical and dental treatment came into operation in May and have proved very satisfactory. Further consideration of the working of these schemes and suggestions for further extension of the services for the defective child are discussed under the heading of "Medical Treatment."

My special thanks are due to Dr. Blackburn (Deputy-Medical Officer) for much of the work that has been done. I have also to acknowledge with pleasure the cordial co-operation of the Secretary for Education.

I am,

Ladies and Gentlemen,

Your obedient Servant,

FRANK HAUXWELL.

May, 1925.

STAFF.

Medical Officer of Health, Administrative Tuberculosis Officer, School Medical Officer, and Medical Superintendent Corporation Hospitals :—

Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb.).

Deputy Medical Officer of Health :—

W. H. Blackburn, M.A., M.B., B.Ch., D.P.H. (Camb.).

Assistant Medical Officers of Health :—

J. A. Fraser, M.B., Ch.B., D.P.H. (Edin.).

Eileen M. Dowling, M.B., Ch.B. (Liverp.), L.M. (Rotunda).

Dental Surgeons :—

R. M. Timperley, L.D.S.

W. A. Linnell, L.D.S. (from 16th June, 1924).

Health Visitors, School Nurses, and Tuberculosis Nurses :—

Ethel Denman,	(1), (2), (3), (4)	Emily Corrish,	(2), (3), (4)
Grace Healey,	(2), (3), (4)	Mary Dyer,	(3), (4)
*Ada Rogerson,	(2), (3)	*Carolyn Mellor,	(3), (4)
Florence Faber,	(3), (4)	*Emily Smith,	(3), (4)
Mary Riding,	(3), (4)	*Gertrude Jackson,	(1), (2), (3), (4)
Dorothy Grime,	(3), (4)	Mary H. Masterson,	(3), (4)
*Ada E. Anson,	(3), (4)	Anne Phillips,	(3), (4)
Louise M. Austin,	(3), (4)	Daisy C. Cruickshank	(3), (4)
*Winifred Bishop,	(3), (4)	Nora Hogan	(3), (4)
Winifred Cowan,	(2), (3), (4)	Selina Hacking,	(3), (4)
F. Wilkinson,	(4)	Grace Hawkins,	(3), (4)
Amy Coates,	(2), (3), (4)		

School Dental Nurses :

Ethel M. K. Elliot,	(4)	Dorothy Davies,	(5)

(*) Resigned during the year.
(1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
(2) Health Visitor's Certificate of the Royal Sanitary Institute.
(3) Certificate of the Central Midwives Board.
(4) A trained Nurse.
(5) Certificate for Health Visitor and School Nurse, Sanitary Training College.

The following are part time officers at the School Clinic :—

H. A. Lomax, M.B., Ch.B., (Vict.), M.R.C.S. (Eng.), L.R.C.P. (Lond.).
Surgeon for the Throat and Nose Department.

T. R. O'Keeffe, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glas.).
Anaesthetist.

J. T. Kyle, M.B., B.Ch. (Belfast), F.R.C.S. (Edin.).
Ophthalmic Surgeon.

J. Unsworth, M.B., B.S. (Lond.).
Physician to the X-Ray Department.

The general organisation of the staff and the co-ordination of the School Medical Service with the Public Health Services remain as in previous years and as detailed in the Annual Report for 1922.

ELEMENTARY SCHOOLS.

During the year 1924 there were under the control of the Education Committee, 37 Elementary Schools with 83 departments.

Particulars as to accommodation and attendances are as follows :—

Number of children for whom accommodation available	24,071
Average number of children on the roll during the year	20,178
Average number of children in attendance during the year	17,940
Average attendance for the year..........................	88.·9%

Medical Inspection.

All routine medical inspections are conducted in the schools, and the scheme allows of three visits by the medical officers to each school during the year. At each visit one or more of the following routine age groups laid down by the Board of Education are examined, together with any child previously examined and referred either for treatment or for observation (re-examinations), and any other children whom either the nurse or teacher wishes to bring before the medical officer (specials). The routine age groups referred to comprise :—

(1)—All children admitted to school during the year.
(2)—All children between eight and nine years of age.
(3)—All children between twelve and thirteen years of age.
(4)—All children over 13 years of age who have not already been examined after attaining the age of 12 years.

In addition to the medical inspection at the schools, the medical officers hold an Inspection Clinic at the Town Hall on two mornings each week. To this clinic cases are referred by school attendance officers, teachers, nurses and parents, for advice and report, and further examination of cases selected at the school inspections is carried out.

The following statement shows the work done in Medical Inspection during 1924 in comparison with that of the three preceding years :—

	1921	1922	1923	1924
Routine Examinations	5829	6152	5790	6004
Special Examinations	1849	4303	4799	5545
Re-examinations	5849	7350	7331	7524
Children Attending Inspection Clinic	1148	1319	1486	2503
Total Attendances at Inspection Clinic	4450	4324	4764	4140
Number of Individual Children Inspected	9739	10162	9977	10949

The detailed figures of the number medically inspected during the year are given in Table I.

Apart from the inspections by medical officers, the school nurses do a considerable amount of supplementary inspections.

These include inspections regarding cleanliness, inspections preliminary to referring cases to the medical officer, and inspections in connection with infectious diseases. These duties will be referred to later in the review of the work of the school nurses.

Findings of Medical Inspection.

Table II shows the number of defects discovered during routine and special examinations which were referred for treatment or required to be kept under observation.

Of 6004 children medically inspected at the routine inspections, 2793 (46·5%) were found to be suffering from defects (other than uncleanliness and defective clothing or footgear) which required treatment or required to be kept under observation. As in the past, however, many dental defects are not included in this number, as it is the custom when doing medical inspection—as distinct from the Dental Inspection—to refer for treatment only the most urgent dental defects, and leave the less urgent to be dealt with by the dentist at his inspection.

The percentage of children referred for treatment or for observation from the routine medical inspections during 1924 is higher than in any of the past 5 years. This is seen in the following table :—

	1920 %	1921 %	1922 %	1923 %	1924 %
Children referred for treatment	31·2	16·2	22·3	11·1	22·4
Children referred for observation only	7·1	8·2	15·5	17·7	24·1
Total referred......	38·3	24·4	37·8	28·8	46·5

Comparing these figures, it will be noted that there has been during the past five years a gradual increase in the percentage of children referred for observation, and, whilst the percentage of those referred for treatment during 1924 is only slightly higher than the average of the preceding four years, it is much higher than in the previous year. The reason why so many more children were referred for treatment or for observation during 1924 appears to be twofold : partly administrative, and partly because of the health of the children.

The effect resulting from altered administration is seen in the dental cases. As stated previously, it has been the custom in the past to refer for treatment the most urgent cases of dental defect only and to leave the less urgent to be dealt with by the dentist at his inspections. During the past year, however, with increased facilities for speedy treatment of these defects, a higher standard has been taken, resulting in a larger percentage of dental defects being referred to the dentist from the medical inspections. In 1922 the number of dental defects referred for treatment or for observation was 6.7% of the children examined, in 1923 it was 4.9%, and in 1924 it rose to 13.0%.

Apart from administrative causes there is, however, no doubt that during the past year the health of the school child has not been so good as in the previous year. As is seen in the following table, which shows the chief defects for which either treatment or observation was necessary, (expressed as a percentage of the children examined), there has been an increase in practically all defects during 1924 as compared with the previous year.

	Percentage of Children examined who were referred for treatment or for observation.		
	1922	1923	1924
External Eye Diseases	1.3%	.7%	.9%
Defective Vision and Squint	11.1%	9.1%	11.4%
Ear Disease or Defect	1.0%	1.0%	.8%
Throat and Nose Defects	13.1%	7.5%	12.1%
Diseases of Heart and Circulation	5.2%	3.5%	3.3%
Lung Disease (Non-Tubercular)	1.3%	1.9%	2.4%
Tuberculosis	.7%	.7%	1.0%

The question naturally arises—Why should this increase occur ? I think one of the main causes is to be found in the prevalence of infectious diseases (especially measles) combined with the bad housing conditions under which so many of these children live. During the past five years the prevalence or otherwise of the main infectious diseases affecting children has always coincided with a rise or fall in the percentage of children referred for treatment or for observation. The following statement gives these figures for the years 1920 to 1924 :—

	1920	1921	1922	1923	1924
Percentage of Children examined at Routine Inspections who were referred for treatment or for observation	38·3	24·4	37·8	28·8	46·5
Number of cases notified as suffering from :—					
Measles	2960	196	3437	74	**3513**
Whooping Cough	287	576	388	895	**235**
Scarlet Fever	474	232	190	258	**163**
Diptheria	128	51	88	105	**89**
Total	3849	1055	4103	1332	**4000**

Though consideration of a period of only five years does not warrant any definite conclusion, these figures are interesting in that they bear out what might be expected. It is well known that after an attack of any of these diseases the child in many cases does not fully recover until after a long convalescence. Especially is this so in the case of Measles which so often leaves behind it a debility predisposing to the development of other defects, e.g., chest trouble, anæmias, tuberculosis, etc.

The combined effect of infectious diseases and housing is in the nature of a vicious circle. The immense amount of overcrowding at present existent leads to general bad health and predisposition to infection : it favours the spread of infection after the first case occurs; and it deprives the child of healthy surroundings for convalescence, thereby predisposing the child to further infection.

The age and sex of the children in whom the defects were found is shown in the following table :—

	Number examined.	Number referred for treatment or for observation.	Percentage referred.
*Entrants—Boys	1088	378	34·7
Girls	1128	388	34·3
Intermediates—			
Boys	909	522	57·4
Girls	846	482	56·9
Leavers—Boys	1042	470	45·1
Girls	991	553	55·8
All Ages—Boys	3039	1370	45·0
Girls	2965	1432	47·9

*Vision only tested where reason to suspect defect.

The following is a brief review under the various headings of the defects found. The age groups coming up for routine examination may be taken as a fair sample of the average child of school age, so that the findings can be considered applicable to all school children in the area.

(a) CLOTHING AND FOOTWEAR :—The number of cases in which defective clothing was noted amongst the routine age groups was 306 (5·0%) and defective footgear in 52 (·8%) cases. The corresponding percentages for the previous year were 4·8% and ·6% respectively.

(b) UNCLEANLINESS :—Though at each medical inspection the children are examined as regards cleanliness, the majority of these examinations is carried out by the school nurse at special visits made by her for this purpose.

When the condition of the child is unsatisfactory, a notice is sent to the parent drawing attention to the fact and suggesting the best means of remedy. The school nurse visits the home and instructs the mother how to deal effectively with the case. Should there be no improvement within a week, a second notice is sent and further visits are paid by the nurse. Cases of persistent neglect are reported to the Local Authority and the children are removed from school for compulsory cleansing. Compulsory cleansing was carried out in 4 cases during 1924.

Verminous Children, 1924—Table A.

Elementary Schools.	No. of children examined.	No. found verminous	Percentage. verminous
Allanson Street	1725	181	10·4%
Blackbrook	699	70	10·0%
Gerard	636	104	16·3%
Higher Grade	1774	34	1·9%
Holy Cross	1866	136	7·2%
Knowsley Road	1749	157	8·9%
Laffak	179	7	3·9%
Lowe House	1919	175	9·1%
Marshalls Cross	262	9	3·4%
Merton Bank	1126	175	15·5%
Nutgrove Wesleyan	609	38	6·2%
Parish Church	1666	42	2·5%
Parr Flat	302	57	18·8%
Parr Mount	990	96	9·6%
Peasley Cross C.E.	19	1	5·2%
Ravenhead	560	45	8·0%
Rivington Road	1111	49	4·4%
Robins Lane	673	68	10·1%
St. Annes	1540	95	6·1%
St. Austin's	454	13	2·8%
St. Helens Wesleyan	501	69	13·7%
St. Joseph's, Parr	521	88	16·8%
St. Luke's	342	5	1·4%
St. Matthew's	195	12	6·1%
St. Mary's	619	90	14·5%
St. Mary's, York Street	651	60	9·2%
St. Patrick's	1075	347	32·2%
St. Teresas	1329	77	5·7%
St. Thomas'	1559	123	7·8%
St. Vincent's	140	9	6·4%
Sacred Heart	1741	244	14·0%
Sutton C.E.	2778	115	4·1%
Sutton Manor	853	44	5·1%
Sutton St. Joseph's	609	85	13·9%
Thatto Heath	822	36	4·3%
Windle C.E.	1099	107	9·7%
Windle P. C.	1982	302	15·2%
Windleshaw	330	3	·9%
Total	37005	3368	9·1%

That various Schools in the Borough should have different degrees of cleanliness in the scholars is to be expected. Schools in the poorer quarters of the town naturally have a higher percentage of uncleanliness than those in the better class districts, as the children in the former generally come from cramped and confined homes where there are usually large families and the mothers have neither the time nor the conveniences of the better class homes. Need the difference be so great, however? An examination of the results found at the inspections by the nurses at each school suggests that there are other reasons. In Table A is given the percentage found verminous at each school during 1924, and it will be seen that very wide variations exist even amongst schools in the same neighbourhood. If some mothers can send their children reasonably clean to school, why should not all in the same neighbourhood do likewise? Much could be done by teachers in remedying this evil. Though Table A does not show it, variations can be found even amongst departments and classes in the same school. Only by education of the parents and the school child (who will be the parent of the future) combined with compulsory enforcing of cleanliness when necessary will improvement take place. Under present conditions of overcrowding it may be difficult, but, if it is not dealt with at once, it will become worse.

(c) MINOR AILMENTS :—As is to be expected, comparatively few minor ailments are found at the routine medical inspections, as most of these are treated or referred for treatment as they occur.

(d) THROAT AND NOSE DEFECTS :—Of the 6004 children medically inspected at routine inspections, 1112 or (18·5%) showed some defect of the Throat or Nose. These defects are detailed in the following table :—

Nasal Obstruction	10
Mouth Breathers	237
Enlarged Tonsils	545
Adenoids	48
Enlarged Tonsils and Adenoids	176
Other Defects	96

From this it will be seen that Enlarged Tonsils and Adenoids were found in 12·6% of the children examined, although in only ·7% was the condition considered to require immediate operative treatment.

(e) TUBERCULOSIS :—One case of definite Phthisis, thirty-five cases of suspected Phthisis, and thirty cases of other Tubercular lesions were found amongst children attending for routine examination. The incidence of Tuberculosis in school children is dealt with under "Infectious Diseases."

(f) SKIN DISEASE:—Like minor ailments, skin diseases are not frequently found at routine inspections. The following shows the principal diseases amongst Routines and Specials referred for treatment or for observation during the year :—

Ringworm	Routines.	Specials.
Scalp	1	32
Body	1	43
Scabies	3	38
Impetigo	26	583
Others	10	152

(g) EXTERNAL EYE DISEASE :—67 cases of external eye diseases were found amongst the children in the routine age groups. Acute external diseases of the eye are not usually found at routine inspections, but are frequent reasons for special examinations. The conditions for which treatment or further observation was required during the year were :—

	Routines.	Specials.
Blepharitis	35	57
Conjunctivitis	3	21
Keratitis	3	5
Corneal Opacitis	11	32
Other Diseases	7	215
	59	330

(h) Visual Defects :—Children in the first age group are too young for the routine testing of eyesight by ordinary methods, so that only when there is reason to suspect a defect is the eyesight of this age group tested. Amongst the other two age groups (the 8 years old and the 12 years old) testing is carried out with the Snellen types.

Amongst the 3788 children of the older age groups tested during 1924, 1560 (41·1%) were found to have some deviation from normal. Of these, the percentage noted in intermediate boys was (43·2%) and intermediate girls 46·4%, whilst the percentage amongst leaving boys was 35·4%, and leaving girls 40·7%.

The following table gives a summary of the findings of the routine examinations :—

Total number of children tested......	3870	
Number of children with normal vision	2228	(57·6%)
Number of children with fair vision (i.e., not less than 6/12 in either eye).	1121	(28·9%)
Number of children with bad vision	445	(11·5%)
Number of children with squint	76	(2·0%)

(i) Ear Disease and Hearing :—Fifteen cases of defective hearing, and forty-four cases of active middle ear disease, were discovered at routine inspections.

(j) Dental Defects :—Of those children inspected by the medical officer at routine inspections, 3348, or approximately 55·7% had some dental defect. The extent of these defects is shown by the following figures :—

Number of children examined......	6004	
Number with four or less decayed	2861	(47·6%)
Number with more than four decayed	472	(7·8%)
Number with Oral Sepsis	15	(0·2%)

As mentioned previously, only the more urgent and serious of these defects are referred by the medical officer for treatment, the others being left for review by the dentist.

Defects found by the dentist are dealt with under "Dental Inspection and Treatment."

(k) CRIPPLING DEFECTS :—Amongst the children examined as routines, 45 cases of deformity were discovered. Some of these were in need of treatment, others were wearing appliances, and in some cases the crippling was of such a character as to be permanent and irremediable.

The following table shows the classification of the various deformities found :—

Congenital Deformities	31
Accidental Crippling	2
Deformities due to Infantile Paralysis	6
Rickets	6
	45

Infectious Disease.

The number of cases of the principal infectious diseases occurring amongst school children is shown in the following table, which also gives the corresponding figures for the previous year :—

	1923	1924
Scarlet Fever	170	75
Diphtheria	40	22
Measles	14	1361
Whooping Cough	392	83
Chicken Pox	396	230
Tuberculosis	47	66
Mumps	340	1400

An outbreak of Measles commencing in the early part of the year and lasting well into the summer caused considerable loss of school attendances and in some cases necessitated closure of the school. Mumps, which was prevalent at the end of 1923, continued in prevalance throughout 1924. The number of cases of other infectious diseases amongst school children was less than in the previous year.

During the year it was found necessary to close the following schools :—

School.	Disease	Date	Period of closure.
Thatto Heath Infants	Mumps	10.1.24	21 days
St. Luke's, All Departments	Measles	29.1.24	21 ,,
Sutton Manor, All Departments	Mumps	25.2.24	21 ,,
Robins Lane, Infants	,,	7.3.24	21 ,,
Allanson Street, Infants	Measles	11.3.24	28 ,,
Robins Lane, All Departments	Mumps	18.3.24	21 ,,
Sutton C. E., All Departments	,,	28.3.24	21 ,,
St. Annes, All Departments	,,	2.4.24	26 ,,
Lowe House, Infants	Measles	14.4.24	21 ,,
Rivington Road, Infants	,,	8.4.24	28 ,,
Parish Church, Infants	,,	30.4.24	19 ,,
Merton Bank, Infants	,,	1.5.24	19 ,,
York Street, Infants	,,	14.5.24	14 ,,
Windleshaw, Infants	,,	26.5.24	19 ,,
Blackbrook, Infants	,,	28.5.24	17 ,,
Laffak, All Departments	,,	16.6.24	14 ,,
Thatto Heath, Infants	,,	3.9.24	14 ,,
Nutgrove Wesleyan, Infants	,,	16.9.24	14 ,,
Cowley, Infants	,,	17.6.24	15 ,,

Notification of infectious diseases is principally by Medical Practitioners to the Medical Officer of Health, and as the school nurse is also the health visitor who deals with infectious disease, she is enabled by her early knowledge of the notification to arrange for the immediate exclusion of the child when necessary, and follow up likely sources of infection and exclude contacts where required.

Before a child who has suffered from one of these diseases is permitted to return to school, the nurse pays a visit to the home and ascertains if the child is fit and free from infection. The minimum periods of exclusion are shown on page 17.

CHILDREN SUFFERING FROM INFECTIOUS DISEASES OR COMING FROM AN INFECTED HOUSE.

(Revised April, 1925).

DISEASE.	Incubation Period.	Exclusion of Patient	Exclusion of other children in the house	
		Period of Exclusion	Children involved	Period of exclusion
DIPHTHERIA	2—10 days	Until two successive negative swabs have been obtained from nose and throat and not less than fourteen days after discharge from hospital or release from isolation.	Exclude—all children	Until negative swabs have been obtained from the nose and throat, and not less than fourteen days from date of disinfection of premises after removal of patient to hospital, or in the case of patients treated at home ten days after disinfection of premises.
SCARLET FEVER	1—8 days	Until not less than fourteen days after discharge from hospital or release from isolation. Isolate one month at least and until child is free from all discharges	Exclude—all children	Until not less than seven days after disinfection of premises.
MEASLES	7—14 days	Three weeks from date of appearance of rash	Exclude (1) *All* children attending an Infant Dept. (2) all *other* children who have not had the disease	Three weeks from date of *onset* of last case in house.
GERMAN MEASLES	5—21 days	One week from date of appearance of rash	Exclude—as in Measles	Three weeks from date of contact with patient with rash.
WHOOPING COUGH	6—18 days	Until six weeks from commencement of cough	Exclude—Child attending Infant Dept. only.	Six weeks from date of last case in house.
MUMPS	12—23 days	Until one week after subsidence of swelling	Exclude none	—
CHICKEN POX	11—21 days	Until all scabs have fallen off and not less than three weeks from commencement of illness	Exclude—as in Measles	Three weeks from date of last exposure to infection.
SMALL POX	10—14 days usually 12	Until all scabs and "seeds" have disappeared and not less than six weeks from commencement of illness	Exclude—Unvaccinated children only	Sixteen days from date of last exposure to infection.

Tuberculosis.

At the end of 1924 there were in St. Helens 327 children of school age suffering from various forms of Tuberculosis, and of these 67 were fresh cases notified during the year. There were in addition 38 cases of suspected Phthisis who were still under observation.

The treatment provided for these children is by Private Practitioners, Tuberculosis Dispensary, School Clinic, Sanatoria or Hospitals. During the year 161 children made 1314 attendances at the Tuberculosis Dispensary, 24 children received X-ray treatment for Tubercular glands or skin affections, 52 children spent an aggregate of 5304 days undergoing treatment in Eccleston Hall Sanatorium, and 3 children were maintained by the Committee at Leasowe Hospital for 1095 days at a cost of £313.

During the year arrangements were completed for the teaching of children receiving treatment at Eccleston Hall Sanatorium. The School was opened on the 5th May, 1924, and since that date, out of a total of 49 children of school age who have been in the Sanatorium, 44 have attended the school for various periods. The average daily attendance has been 15·9 and the average number of days each child has attended since May was 95 out of an estimated possible of 105 days. The school is held two hours each morning and afternoon, with a special session on Saturday mornings devoted to gardening and games. General school subjects occupy 51% of the time, whilst the remaining 49% is devoted to nature study, handiwork, singing, gardening, physical culture and games. The children thoroughly enjoy their work and, apart from the actual knowledge gained, the children benefit enormously from having their minds stimulated and occupied.

Re-examinations.

The following table gives the number of re-examinations carried out by Medical Officers during the year, and the results found at these re-examinations :—

Number of children re-examined...	5980	
Total re-examinations	7524	
Number found remedied	1478	(19·7%)
Number found improved...........	2169	(28·8%)
Number found stationary...........	3851	(51·2%)
Number found retrograde	26	(0·3%)

Following Up and Work of School Nurses.

In addition to the visiting of the homes in the following up of defects found during medical inspections, the work of the school nurses includes the following :—

(*a*) Visiting the schools at regular intervals and examining any children specially referred for observation and any children whom the nurse considers require attention. Of these some are referred to their own doctor, some are referred to the medical officer at the Inspection Clinic or School Clinic, and others are dealt with in the school.

(*b*) Examining all children in schools thrice yearly with respect to cleanliness.

(*c*) Assisting medical officers in the medical inspection at schools and Inspection Clinic.

(*d*) Investigating and reporting on all absentees referred to them by the School Attendance department.

(*e*) Investigating all cases of infectious disease occuring amongst school children and dealing with contacts.

(*f*) Treating minor ailments and assisting in the treatment of major defects at the School Clinics.

Though it is impossible to give a full statistical report on these duties the following figures will give some idea of the work done by the nurses during the year :—

Number of Visits to Schools	4703
Number of children examined for cleanliness...	37005
Number of visits paid to the homes of children in the following up of defects, in investigating cases of infectious disease, in investigating cases referred by school attendance department, etc.	12392
Number of attendances by children at School Clinics	29244

Medical Treatment.

Table IV gives in detail and Table V in summary form the treatment obtained for the various defects referred for treatment during 1924. Table B gives the percentage of the children referred for treatment who were treated each year since 1914, and Table C shows the number and percentage of cases treated in the four main classes of medical defects during the years 1920 to 1924.

TABLE B.

Number of children referred for treatment and number and percentages treated in St. Helens during years 1914 to 1924.

		Number of children referred for treatment.	Children treated.	
			Number.	Per cent.
1914	Medical only	2050	1851	90.29
	Dental	1725	696	40.34
	Total	3775	2547	67.47
*1915	Medical only	1862	1400	75.18
1916	Medical only	2757	2355	85.41
	Dental	3816	2428	63.62
	Total	6573	4783	72.76
1917	Medical only	2253	1851	82.15
	Dental	4876	2630	53.93
	Total	7129	4481	62.85
1918	Medical only	3504	2355	67.20
	Dental	5059	1890	37.35
	Total	8563	4245	49.57
1919	Medical only	3355	2870	85.54
	Dental	3090	1223	39.57
	Total	6445	4093	63.50
1920	Medical only	6886	6076	88.23
	Dental	4493	2720	60.53
	Total	11379	8796	77.30
1921	Medical only	5753	5310	92.29
	Dental	4906	2034	41.45
	Total	10659	7344	68.89
1922	Medical only	4454	3753	84.26
	Dental	5919	2157	36.44
	Total	10373	5910	56.97
1923	Medical only	3597	3268	90.83
	Dental	7196	2651	36.82
	Total	10793	5919	54.84
1924	Medical only	4849	4417	91.0
	Dental	10440	4528	43.3
	Total	15289	8945	58.5

* Comparable dental figures not available.

TABLE C.

Showing the number and percentage of cases treated in the various classes of medical defects during years 1920 to 1924.

	1920	1921	1922	1923	1924
Minor Ailments—					
No referred for treatment	3614	2720	1345	1302	1992
No. treated	3601	2720	1345	1283	1960
% treated	99.64	100.00	100.00	98.54	98.39
Visual Defects—					
No referred for treatment	983	544	695	541	629
No. treated	815	312	355	417	391
% treated	82.00	57.35	51.07	77.07	62.16
Throat and Nose Defects—					
No referred for treatment	996	645	816	377	604
No. treated	618	469	613	284	473
% treated	62.04	72.71	75.12	65.33	78.31
Other Medical Defects—					
No referred for treatment	1293	1844	1598	1377	1624
No. treated	1042	1809	1440	1284	1593
% treated	80.58	98.10	90.11	93.24	98.09

Of all defects referred for treatment during the year 58·5% were treated before the end of the year (the corresponding figure for 1923 was 54·8%), and approximately 45·5% were treated under the Schemes of the Local Education Authority, i.e., at School Clinic Treatment Centres, nurses in schools, at Corporation Hospitals, etc.

Amongst children referred for treatment at routine medical inspections during the year, 61·7% were treated before the end of the year.

Though the increased percentage treated during 1924 may appear small, it is very satisfactory to note that approximately 3,000 more children received treatment that year than during the previous year. The new schemes for the treatment of minor ailments in outlying clinics, for increased dental treatment, and for the operative treatment of tonsils and adenoids at one or other of the local hospitals, came into operation in May of last year and have proved eminently satisfactory. Minor ailment clinics are now held daily at the Elizabeth Street Maternity and Child Welfare Centre, at Sutton Manor School and at St. Vincent's School, Parr, and, since the commencement of the scheme, 439 cases have made 4,854 attendances at these clinics for treatment. Another centre is urgently required for the Thatto Heath district, but so far no suitable accommodation has been found. As the Health Committee will have in the near future to open a Maternity and Child Welfare Centre in Thatto Heath, it might be well to wait until such is decided on. The appointment of the extra dentist has not only enabled nearly 2,000 more cases to receive dental treatment during the year, but has allowed for more inspections and re-inspections. So far it has only been possible to establish district dental clinics at the Elizabeth Street and Marshalls Cross Maternity and Child Welfare Centres, and, as in the case of minor ailments, there is need for another clinic at Thatto Heath. As the dentists are at present fully occupied, this also might wait. Regarding the operative treatment of tonsils and adenoids, arrangements were made with the Providence Hospital and the St. Helens Hospital that the cases be admitted to one of these hospitals on the morning of the operation, be operated on in hospital and remain in hospital over the night following the operation.

During the current year, the question of the provision of an Open Air School has again been taken up and it is hoped that by the end of the year considerable progress will have been made in this most desirable scheme. Extra accommodation is required for scholars in St. Helens, and what better scheme could there be than to take the weakly children to an open air school and leave their places in the ordinary schools for their more robust companions ?

The question now arises : What further provision in medical treatment is necessary or desirable in St. Helens ? Two deficiencies immediately come to mind. There is no provision for (a) the crippled child or (b) the mentally defective child. I think the Committee should now provide for these cases.

Regarding the crippled child, these have in the past been looked after mainly through the activities of the St. Helens Invalid and Crippled Children's Aid Society. Owing, however, to the closing of the Pilkington Special Hospital, this Society find they cannot continue the work as formerly. I think, therefore, the time has come for the provision of a municipal orthopœdic scheme embracing all children up to the age of 16 and all causes of crippling. Such a scheme could be worked by the Education, Health, and Maternity and Child Welfare Committees conjointly, and should include the provision of

(a) An orthopœdic clinic or centre with a fully qualified orthopœdic attendant for intermediate treatments, adjustment of splints, etc.

(b) A consulting orthopœdic surgeon in charge of the scheme, who would review the cases from time to time, and who should have at his disposal

(c) A certain number of hospital and institutional beds for cases requiring operative or prolonged institutional treatment.

With a scheme like this in operation, not only would many who are now crippled be made reasonably fit, but, by earlier treatment than is now possible, much crippling in later life could be avoided. Such a scheme would also leave the Voluntary Society free to devote its energies to that most important part of the work, namely, aftercare in supplying extra nourishment, improving the home conditions, providing holidays, etc.

In dealing with the mentally defective, it should be remembered that the Education Committee are not responsible for idiots or imbeciles or those "incapable by reason of mental defect of receiving benefit from instruction in a special school or class." Such cases should be "notified" to the Local Control Authority who thereafter are responsible for their disposal. There is, however, that very large class of children who can derive benefit from special instruction and who, though they will never become brilliant, can, if properly educated, be taught sufficient to make them self-supporting citizens. For these children two schemes are possible, viz. :—(a) the provision of special schools, or (b) the formation of special classes in ordinary schools. The provision of special schools is the better method, but is costly. As a temporary measure, the formation of special classes, with specially trained teachers, at various schools in different parts of the town would be easy and would be of great benefit. These children require individual attention and in a large class cannot hope to get it, with the result that they pass through school learning little, or they evade school entirely and later have to be maintained out of public funds. I should also like to see enforced attendance of these children at these special classes up to 16 years of age.

The School Clinic in Claughton Street still remains the main centre from which all medical treatment is directed. Despite the opening of district clinics for the treatment of minor ailments there has been no decrease (on the contrary, an increase) in the number of these defects coming up for treatment at Claughton Street, thereby indicating that many of those now attending the district clinics must previously have been untreated.

The parents of children treated pay according to the family income and the treatment provided. For the year ended the 31st March, 1925, £124/13/9 has been recovered.

The following table gives the number of cases treated at the various clinics during the past two years, together with the total attendances :—

	1923	1924
Minor Ailments	1,208	1,867
Visual Defects	362	317
Defects of Throat and Nose	118	110
Dental Defects	1,893	3,404
Other Defects	1,151	1,270
Total number of children attending	4,732	6,968
Total Attendances	18,484	29,244

In addition a large number of weakly and debilitated children have been supplied with Cod Liver Oil Emulsion at a small charge. This has been found a most useful provision especially during the winter months.

(a) MINOR AILMENTS AND DISEASES OF THE SKIN:—Table IV (Group I) gives the details of all Minor Ailments and Skin Diseases treated. These figures do not however include the small minor ailments dealt with by nurses in schools as no permanent record has been kept of such cases.

(b) TONSILS AND ADENOIDS:—The details of the cases treated in 1924 are shown in Table IV (Group III). As will be seen, not all cases require or receive operative treatment, but only those severe cases where the health of the child is obviously being imperilled. As previously stated operative treatment is now carried out at one or other of the local hospitals instead of at the School Clinic. The children are admitted to hospital on the morning of the operation, and operated on in the early afternoon and remain in hospital till the following morning.

After the operation printed instructions regarding breathing exercises are given to the parents, and the child is seen at intervals by the nurse in school and later re-examined by the medical officer. Too often is it found that parents consider the operation the beginning and the end of the treatment, and do not recognise that these exercises are essential to the success of the operation.

(c) VISUAL DEFECTS :—From Table IV (Group II) it will be seen that out of 629 cases referred for refraction, 391 were satisfactorily dealt with during the year. All cases to whom spectacles are provided are kept under supervision and re-tested regularly in the schools. Cases requiring a change of glasses are referred for further treatment. Cases of failure to wear glasses regularly when such are required, are brought to the notice of the parents, and persistent neglect in this respect is dealt with as a failure to obtain necessary treatment. During 1924 glasses were renewed or repaired in 361 cases.

(d) CRIPPLING DEFECTS:—At the end of 1924 there were in St. Helens 123 children of school age suffering from various degrees of crippling. The causation of this crippling is shown in the following table:—

Surgical Tuberculosis	44
Infantile Paralysis	40
Congenital Deformities	14
Rickets	16
Traumatism	5
Miscellaneous	4

A scheme for the provision of treatment for these cases is discussed under the paragraph dealing with Medical Treatment.

Dental Inspection and Treatment.

I am indebted to Mr. R. M. Timperley, School Dentist, for the following notes on School Dental work:—

During 1924 Dental Inspection was carried out at all the Elementary and Secondary Schools in the Borough. All schools were visited on at least two occasions and the number of half days devoted to dental inspections was 76.

Since the appointment of a second dentist in May, two district (part time) clinics have been opened, namely, at Elizabeth Street and Marshalls Cross Maternity and Child Welfare Centres. It is hoped, as soon as accommodation can be obtained to open other district clinics in Parr and Thatto Heath. The equipment of the second dentist is portable and it is intended that he should visit each district twice a year for periods depending on the number of children to be treated. That nearly 200 more children were treated in the Sutton district this year than last year shows the decided advantage in taking the facilities for treatment nearer to the homes. When not working at one of the district clinics, the second dentist has worked at the Central Clinic in Claughton Street and has enabled a much larger number of children to be dealt with at that centre. A comparison of the total number of children (elementary and secondary) treated during 1924 with the number treated in 1923 shows that, whilst in 1923 it was only possible to treat 1901 cases, in 1924 with the expansion of the service 3424 cases were treated.

The routine inspections at the elementary schools included the examination of all children in the 6—8 years age group and the re-examination of all children previously examined. These re-examinations now include all children of 6, 7, 8 and 9 years of age and a considerable number of those aged 10 years.

In the 6—8 years age group of primary examinations 1907 children were examined, and of these 1468 (71·6%) were found to be defective and were referred for treatment. At the re-examinations 10,604 children were re-examined and 6,896 (65·03%) were found defective. Both these percentages compare very favourably with the number found defective in the previous year, the figures for 1923 being 75·5% and 73·7% respectively.

Apart from these inspections, a certain number of children were specially referred to the School Dentist by the medical officers, health visitors, teachers, or parents themselves. These numbered 1,203, and all were treated.

As regards treatment, out of 9,567 children referred for treatment from all sources, 3,404 (35·6%) received treatment from the School Dentist and 973 (10·2%) received treatment privately. The corresponding figures for 1923 were 27·7% and 9·8%.

At the Cowley Secondary Schools inspections of all children up to and including the age of 13 were carried out. Of these 65 were examined for the first time and 41 (63·1%) were found to require treatment. Re-examinations were made of 303 children inspected during previous years and 148 (48·8%) were in need of treatment. Of 189 children referred for treatment from these inspections, 24 received treatment at the school clinic and 136 were treated privately.

Detailed figures regarding the inspections made and the treatment carried out at the School Clinic are given in Table IV (Group IV) for Elementary Schools and Table IX (Group IV) for Secondary Schools.

Open Air Education.

Though no facilities for open air schools, school camps, or similar arrangements were in operation during 1924 the question of an open air school is now under discussion, and it hoped that in the near future an advance in this direction can be reported.

Physical Training.

Physical training is carried on as part of the curriculum in each school. Physically defective children are frequently reviewed by the medical officers as to their ability to undertake the training.

Provision of Meals.

Necessitous children requiring free meals are reported to the School Committees by teachers and others. Inquiries are then made into the circumstances of the parents. If the children cannot be properly fed by parents owing to unfavourable home conditions, they are supplied with meals at the School Feeding Centres.

Breakfasts and dinners are provided seven days a week at the centres at the Windle Pilkington, Merton Bank and Robins Lane Schools, and on five days a week at the centres at the Sutton Manor and Thatto Heath Schools. Dinners only are provided at the centre at the Higher Grade School. The meals are prepared and served at the centres by paid attendants.

The total number of meals served during the year was 167,384, of which 162,664 were provided free.

The total number of individual children receiving free meals was 402, and the number who paid for meals 115.

The average total cost per meal was 2·91 pence, of which 1·88 pence was for food only.

Co-operation of Parents.

Parents are always invited to attend the routine inspections. The attendance is never high and varies very considerably in the different schools.

Co-operation of Teachers.

In St. Helens the hearty co-operation of the teachers in the medical inspection, and in the following up of the treatment of the children, has been most marked. A large amount of the success of the School Medical Service must be attributed to the ready and willing assistance given.

Co-operation with School Attendance Officers.

By arrangement with the School Attendance Department, all cases of children reported absent on alleged medical grounds, cases of unduly prolonged absence, and children absent for medical reasons but apparently not receiving the necessary treatment, are notified to the School Medical Officer, who investigates the case and returns a report to the School Attendance Officer. During the year 2,606 such cases have been investigated and reported on.

Co-operation with Voluntary Bodies.

A large amount of assistance has been given by the various voluntary organisations in the town and close co-operation exists between these bodies and the School Medical Service. The National Society for Prevention of Cruelty to Children, in dealing with cases of neglect ; The St. Helens Invalid and Cripple Children's Aid Society, in dealing with cripples ; The St. Helens Fresh Air Fund, in sending children to Convalescent Homes. ; The St. Helens Police Clothing Fund for Destitute Children, in grants of clothing or clogs ; and The St. Helens Juvenile Organisation Committee, in organising evening play centres ; have all rendered valuable assistance in maintaining and improving the health of the school child.

Blind, Deaf and Physically Defective Children.

The numbers of exceptional children in the area are given in Table III. During the year, 4 Blind children were sent to sepcial schools. The Local Education Authority is at present maintaining 16 children in these special schools.

Mentally Defective Children.

There are no special schools for the mentally deficient in St. Helens and no children from St. Helens are at present being maintained at Special Residential Schools.

During the year 4 feebleminded children, 15 imbeciles and 1 idiot were reported to the Local Control Authority .

Apart from these there are however, 38 feebleminded school children in St. Helens who should be attending special schools for the mentally deficient. The question of dealing with these is discussed in my remarks dealing with Medical Treatment.

The " Occupation Centre " conducted by the St. Helens Branch of the Association of Mental Welfare continues to do good work for those whose mentality is so low that they cannot benefit from education even in a special school (the "ineducables"). Though such children cannot in the ordinary sense be educated, marked improvement in their mental and physical condition is obtained by attendance at the Occupation Centre and the learning of discipline and simple manual tasks.

SECONDARY SCHOOLS.

The Secondary Schools to which the provisions of the School Medical Service have been made applicable are the :—

St. Helens Cowley Boys' Secondary School.
St. Helens Cowley Middle School for Girls.

The general arrangements for the medical inspection of these schools are similar to those for the Elementary Schools. Girls are examined by the female Assistant Medical Officer. Routine medical examination is made of all children attending these schools once every year and special examinations are made from time to time as required.

Of 747 children coming up for routine medical inspection, 139 (18·6%) were referred for treatment and 205 (27·4%) were suffering from defects which, though not requiring immediate treatment, required to be kept under observation. In addition 29 special cases were examined and 232 children previously found defective were re-examined.

A comparison of the findings of the medical inspection at the Secondary Schools with those of the Elementary Schools shows that the percentage of children attending Secondary Schools who were suffering from defects which necessitated treatment or observation was 46·0%, whereas the corresponding percentage of children attending the Elementary Schools was 46·5%.

The detailed figures of the numbers medically inspected are given in Table VI and the nature of the defects for which cases were referred for treatment or to be kept under observation is detailed in Table VII.

Parents are notified of all cases in which treatment is required and treatment at the School Clinic is available on the same terms as apply to children attending Elementary Schools. Of the 139 children referred for treatment as the result of routine inspection, 109 (78·3%) were treated before the end of the year.

The detailed figures regarding the defects treated are given in Tables IX and a Summary of the treatment obtained is shown in Table X.

In addition to examinations by the Medical Officer a dental inspection is made by the School Dentist of all children up to and including the age of 13 years. Of these 65 were examined for the first time and 41 (63·1%) were found to require treatment, whereas 303 were re-examinations and of them only 148 (48·8%) required treatment. Details regarding the number of children examined and the treatment provided are given in Table IX (Group IV).

STATISTICAL TABLES

FOR THE YEAR 1924.

ELEMENTARY SCHOOLS—Tables I to V.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections	
Entrants	2216
Intermediate	1755
Leavers	2033
Total	6004
Number of other Routine Inspections	Nil

B—OTHER INSPECTIONS.

Number of Special Inspections	5545
Number of Re-Inspections	7524
Total	13069

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1924.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Malnutrition		90	79	175	112
Uncleanliness :—(*See* Table IV., Group V).		—	—	—	—
Skin	Ringworm—Scalp	—	1	32	—
	Body	1	—	43	—
	Scabies	2	1	38	—
	Impetigo	22	4	783	—
	Other Diseases (Non-Tuberculosis)	6	4	135	17
Eye	Blepharitis	22	13	31	26
	Conjunctitivis	1	2	18	3
	Keratitis	1	2	2	3
	Corneal Opacities	3	8	16	16
	Defective Vision (excluding Squint)	226	378	309	679
	Squint	31	52	63	132
	Other Conditions	1	6	193	22
Ear	Defective Hearing	4	9	30	12
	Otitis Media	20	18	163	60
	Other Ear Diseases	1	2	15	2
Nose and Throat	Enlarged Tonsils only	27	327	105	168
	Adenoids only	1	34	32	36
	Enlarged Tonsils and Adenoids	17	156	69	44
	Other Conditions	132	58	221	143
Enlarged Cervical Glands (Non-Tuberculous)		7	62	19	20
Defective Speech		—	7	—	18
Teeth—Dental Diseases (Inspections by Medical Officers only)		742	43	323	18
Heart & Circulation	Heart Disease—Organic	—	7	5	12
	Functional	—	1	2	3
	Anæmia	121	73	291	177
Lungs	Bronchitis	56	87	269	56
	Other Non-Tuberculous Diseases	—	7	63	1
Tuberculosis	Pulmonary—Definite	—	3	12	6
	Suspected	—	32	19	18
	Non-Pulmonary—Glands	—	7	12	29
	Spine	—	1	1	2
	Hip	—	3	2	3
	Other Bones and Joints	—	3	—	6
	Skin	1	—	2	5
	Other Forms	—	15	8	17
Nervous System	Epilepsy	—	2	7	7
	Chorea	—	1	41	4
	Other Conditions	—	1	29	7
Deformities	Rickets	1	2	5	19
	Spinal Curvature	—	2	—	—
	Other Forms	2	31	15	19
Other Defects and Diseases		2	18	367	6

B.—Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children. Inspected. (2)	Found to require Treatment. (3)	Percentage of Children found to require Treatment. (4)
CODE GROUPS—			
Entrants	2216	134	6·04%
Intermediates	1755	205	11·68%
Leavers	2033	285	14·01%
Total (Code Groups)	6004	624	10·39%
Other Routine Inspections	—	—	—

TABLE III.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially blind).	(*i*) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	4	5	9
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(*ii*) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	1	—	1
		Attending Public Elementary Schools	2	3	5
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Deaf (including deaf and dumb and partially deaf).	(*i*) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	1	5	6
		Attending Public Elementary Schools	1	1	2
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	(*ii*) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Mentally Defective	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	—	—	—
		Attending Public Elementary Schools	21	13	34
		At other Institutions	2	1	3
		At no School or Institution	1	—	1
	Notified to the Local Control Authority during the year.	Feebleminded	2	2	4
		Imbeciles	8	7	15
		Idiots	—	1	1
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	—	—	—
		In Institutions other than Certified Special Schools	—	1	1
		Attending Public Elementary Schools	2	1	3
		At no School or Institution	—	1	1
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	1	—	1
		At no School or Institution	—	—	—

TABLE III—(continued).

			Boys	Girls	Total
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	4	5
		At other Institutions	—	—	—
		At no School or Institution	—	1	1
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	2	4
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	9	9	18
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Delicate children (*e.g.*, pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	189	250	439
		At other Institutions	5	4	9
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	4	5	9
		At Public Elementary Schools	5	3	8
		At other Institutions	2	1	3
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuberculous disease) *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools			
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools	62	43	105
		At other Institutions	3	2	5
		At no School or Institution	—	4	4

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1924.

TREATMENT TABLE.

Group I.—**Minor Ailments** (excluding Uncleanliness, for which see Group V).

DISEASE OR DEFECT.	Number of Defects referred for Treatment.	Number of Defects treated, or under treatment during the year.		
		Under the Authority's Scheme.	Otherwise.	Total.
SKIN—Ringworm, Scalp	32	32	—	32
Ringworm, Body	44	43	1	44
Scabies	40	39	1	40
Impetigo	805	769	31	800
Other Skin Disease	141	135	5	140
MINOR EYE DEFECTS—(External and other, but excluding cases falling in Group II).	288	263	20	283
MINOR EAR DEFECTS—	233	179	34	213
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.).	409	407	1	408
Total	1992	1867	93	1960

Group II.—**Defective Vision and Squint** (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE.	No. OF DEFECTS DEALT WITH.				
	Number of Defects referred for Treatment.	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint	629	317	63	11	391
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—	—
Total	629	317	63	11	391

Total number of children for whom spectacles were prescribed

(*a*) Under the Authority's Scheme	285
(*b*) Otherwise	60

Total number of children who obtained or received spectacles

(*a*) Under the Authority's Scheme	285
(*b*) Otherwise	60

Group III.—Treatment of Defects of Nose and Throat.

Number referred for Treatment.	NUMBER OF DEFECTS.				
	Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
	Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
604	110	55	165	308	473

Group IV.—Dental Defects.

(1) Number of Children who were:—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups		
5	732	Total 12511
6	2996	
7	2554	
8	2578	
9	2307	
10	1344	
11	—	
12	—	
13	—	
14	—	

Specials...... 1203

Grand Total...... 13714

(*b*) Found to require treatment 9567

(c) Actually treated 3404

(*d*) Re-treated during the year as the result of periodical examination 494

(2) Half-days devoted to :—

Inspection	76	Total 685
Treatment	609	

(3) Attendances made by children for treatment 4330

(4) Fillings :—

Permanent teeth	1044	Total 1232
Temporary teeth	188	

(5) Extractions :—

Permanent teeth	1730	Total 11457
Temporary teeth	9727	

(6) Administrations of general anaesthetics for extractions 619

(7) Other Operations :—

Permanent teeth	445	Total 1467
Temporary teeth	1022	

Group V.—Uncleanliness and Verminous Conditions.

(i).	Average number of visits per school made during the year by the School Nurses	51
(ii).	Total number of examinations of children in the Schools by School Nurses	37005
(iii).	Number of individual children found unclean	3368
(iv).	Number of children cleansed under arrangements made by the Local Education Authority	4
(v).	Number of cases in which legal proceedings were taken :	
	(*a*) Under the Education Act, 1921	Nil
	(*b*) Under School Attendance Byelaws	Nil

TABLE V.

Summary of Treatment of Defects.

DISEASE OR DEFECT.	NUMBER OF DEFECTS			
		TREATED		
	Referred for treatment.	Under local Education Authorities Scheme.	Otherwise.	Total.
Minor Ailments	1992	1867	93	1960
Visual Defects	629	317	74	391
Defects of Throat and Nose	604	110	363	473
Dental Defects Referred by Dentist	9567	3114	973	4087
„ School M.O.	873	290	151	441
Other Defects	1624	1270	323	1593
Total	15289	6968	1977	8945

Note :—Cases referred for treatment by the School Medical Officer and the Dentist are counted only in the figures shown as referred by Dentist.

SECONDARY SCHOOLS—Tables VI to X.

TABLE VI.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections—

Age	Number	Age	Number
4—	4	13—	104
5—	12	14—	96
6—	10	15—	59
7—	22	16—	42
8—	34	17—	37
9—	29	18—	8
10—	48	19—	1
11—	124	20—	1
12—	121		
		Total	747

B.—OTHER INSPECTIONS.

Number of Special Inspections	29
Number of Re-Inspections	232
Total	261

TABLE VII.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1924.

DEFECT OR DISEASE. (1)		Routine Inspections		Special Inspections	
		No. of Defects.		No. of Defects.	
		Requiring Treatment. (2)	Requiring to be kept under observation, but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation, but not requiring Treatment. (5)
Malnutrition		3	3	—	—
Uncleanliness— (*See* Table IV., Group V.)		—	—	—	—
SKIN	Ringworm—Scalp	—	—	—	—
	Ringworm—Body	—	—	—	—
	Scabies	—	—	—	—
	Impetigo	1	—	—	—
	Other Diseases (Non-Tuberculous)	—	1	—	—
EYE	Blepharitis	2	—	—	—
	Conjunctivitis	—	—	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint)	34	72	3	12
	Squint	1	—	—	1
	Other Conditions	—	—	—	—
EAR	Defective Hearing	—	2	—	1
	Otitis Media	1	—	—	—
	Other Ear Diseases	—	—	—	—
NOSE AND THROAT	Enlarged Tonsils only	2	48	—	2
	Adenoids only	—	5	—	—
	Enlarged Tonsils and Adenoids	4	11	—	—
	Other Conditions	11	4	—	—
ENLARGED CERVICAL GLANDS (Non-Tuberculous)		10	34	—	3
DEFECTIVE SPEECH		—	1	—	—
TEETH	Dental Diseases (Inspections by Medical Officers only)	67	5	1	—
HEART & CIRCULATION	Heart Disease—Organic	—	4	—	1
	Heart Disease—Functional	—	4	—	—
	Anæmia	31	14	2	2
LUNGS	Bronchitis	2	4	—	—
	Other Non. T.B. Diseases	—	3	—	—
TUBERCULOSIS	Pulmonary—Definite	1	—	—	—
	Pulmonary—Suspected	—	1	—	—
	Non-Pulm.—Glands	—	—	—	—
	Non-Pulm.—Spine	—	—	—	—
	Non-Pulm.—Hip	—	1	—	—
	Non-Pulm.—Other Bones and Joints	—	—	—	—
	Non-Pulm.—Skin	—	—	—	—
	Non-Pulm.—Other Forms	—	3	—	—
NERVOUS SYSTEM	Epilepsy	—	—	—	—
	Chorea	—	—	—	—
	Other Conditions	—	2	—	1
DEFORMITIES	Rickets	—	—	—	—
	Spinal Curvature	—	—	—	—
	Other Forms	1	1	—	1
OTHER DEFECTS AND DISEASES		—	1	—	—

B. Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Total (all ages)	747	72	9·63%
Other Routine Inspections	—	—	—

TABLE VIII.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Physically Defective	Delicate children (e.g., pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Secondary Schools	3	1	4
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
		At Secondary Schools			
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuberculous disease) e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools			
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Secondary Schools	5	—	5
		At other Institutions	—	—	—
		At no School or Institution	—	—	—

TABLE IX.

Return of Defects Treated during the Year ended 31st December, 1924.

TREATMENT TABLE.

Group I.—**Minor Ailments** (excluding Uncleanliness, for which see Group V).

DISEASE OR DEFECT. (1)	Number of Defects treated, or under treatment during the year.			
	Number of Defects referred for Treatment. (2)	Under the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
SKIN—Ringworm, Scalp				
Ringworm, Body				
Scabies				
Impetigo	1	—	1	1
Other Skin Disease				
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II).				
MINOR EAR DEFECTS—	2	—	2	2
MISCELLANEOUS (*e.g.*, minor injuries, bruises, sores, chilblains, etc.).				
Total	3	—	3	3

Group II.—**Defective Vision and Squint** (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DEFECT OR DISEASE. (1)	Number of Defects referred for Treatment. (2)	No. OF DEFECTS DEALT WITH. Under the Authority's Scheme. (3)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (4)	Otherwise. (5)	Total. (6)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	38	4	14	—	18
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	—	—	—	—	—
Total	38	4	14	—	18

Total number of children for whom spectacles were prescribed	
(*a*) Under the Authority's Scheme	4
(*b*) Otherwise	14

Total number of children who obtained or received spectacles	
(*a*) Under the Authority's Scheme	4
(b) Otherwise	14

Group III.—Treatment of Defects of Nose and Throat.

Number referred for Treatment.	NUMBER OF DEFECTS.				
	Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
	Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
17	—	1	1	11	12

Group IV.—Dental Defects.

(1) Number of children who were:—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups		
5......	13	Total 368
6......	9	
7......	11	
8......	24	
9......	24	
10......	58	
11......	92	
12......	74	
13......	63	
14......	—	

Specials.. 3

Grand Total...... 371

(*b*) Found to require treatment 189

(*c*) Actually treated 24

(*d*) Re-treated during the year as the result of periodical examination 3

(2) Half-days devoted to : —

Treatment	6	Total	8
Inspection	2		

(3) Attendances made by children for treatment 38

(4) Fillings :—

Permanent teeth	22	Total	23
Temporary teeth	1		

(5) Extractions :—

Permanent teeth	25	Total	53
Temporary teeth	28		

(6) Administrations of general anaesthetics for extractions 3

(7) Other Operations :—

Permanent teeth	9	Total	12
Temporary teeth............	3		

Group V.—Uncleanliness and Verminous Conditions.

(i). Average number of visits per school made during the year by the School Nurses	30
(ii). Total number of examinations of children in the Schools by School Nurses	785
(iii). Number of individual children found unclean	12
(iv). Number of children cleansed under arrangements made by the Local Education Authority	—
(v). Number of cases in which legal proceedings were taken :	
(*a*) Under the Education Act, 1921	—
(*b*) Under School Attendance Byelaws	—

TABLE X.

Summary of Treatment of Defects.

DISEASE OR DEFECT.	NUMBER OF DEFECTS.			
	Referred for treatment.	Treated.		
		Under local Education Authorities Scheme.	Otherwise	Total.
Minor Ailments	3	—	3	3
Visual Defects	38	4	14	18
Defects of Throat and Nose	17	—	12	12
Dental Defects Referred by Dentist	189	22	136	158
Dental Defects ,, School M.O.	63	2	45	47
Other Defects	48	1	40	41
Total	358	29	250	279

Note :—Cases referred for treatment by the School Medical Officer and the Dentist are counted only in the figures shown as referred by Dentist.